ORGANIZATION

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is the state agency responsible for public health education, prevention and treatment. In this capacity, ADHS serves as the Single State Authority (SSA) for the Substance Abuse Performance Partnership Block Grant as well as the Community Mental Health Block Grant. ADHS is comprised of several major divisions, the largest of which is the Division of Behavioral Health Services (DBHS). DBHS was established by Arizona Revised Statutes (§ARS 36-3402) as the permanent authority for publicly funded behavioral health services in the state. ADHS/DBHS administers statewide behavioral health programs and services for children, adults and their families. Behavioral health services are inclusive of treatment services and supports for mental health and substance abuse conditions, as well as primary prevention programs for persons not in need of treatment. ADHS/DBHS contracts with regional behavioral health authorities (RBHAs) to administer integrated managed care delivery systems in specific geographic service areas (GSAs). For FY 2005 - 2007, regional managed care vendors for substance abuse services included five RBHAs and two Tribes.

GSA	Service Area (County)	Vendor
#3	Graham, Greenlee, Santa Cruz, Cochise	Community Partnership of So. Az.
#6	Maricopa	ValueOptions
#5	Pima	Community Partnership of So. Az.
#1	Coconino, Apache, Navajo, Mohave Yavapai	Northern Az. Behavioral Health
#4	Pinal, Gila	Cenpatico of Arizona
#2	La Paz, Yuma	Cenpatico of Arizona
	Gila River Indian Community	Gila River Tribal RBHA
	Pascua Yaqui Indian Community	Pascua Yaqui Tribal RBHA

Within the ADHS/DBHS, the Bureau for Clinical and Recovery Services is responsible for fiscal and programmatic oversight, monitoring and technical assistance/training for substance abuse service delivery, including compliance requirements of the SAPT and CMHS Block Grants. This Bureau was established in May 2006 and is comprised of four major program offices: Recovery, Resilience and Wellness (includes the Office of Prevention, Housing, Employment and Business Development, Family and Consumer Services, and Diversity), Network Operations (includes Network Development and Network Management), Clinical Operations (includes Monitoring and Oversight, Clinical Practice Improvement, and Intergovernmental Affairs) and Training, Grants and Administration (includes NOMs Evaluation). The Division Chief for Clinical and Recovery Services is the SSA for Arizona.

Funding/Eligibility Groups

ADHS/DBHS administers a unified behavioral health system using funds from various federal, state and local sources including:

- The state Medicaid agency (Arizona Health Care Cost Containment System, or AHCCCS) contracts with ADHS to administer the behavioral health benefit package for Title XIX and Title XXI acute care members.

- ADHS/DBHS administers Non-TXIX treatment services and prevention programs funded through the Substance Abuse Prevention and Treatment Block Grant and state appropriated funds.
- ADHS/DBHS administers other Non-Title XIX state and local funding for substance abuse services including:
    - Funds from Maricopa County and the City of Phoenix to maintain and operate substance abuse crisis stabilization and detoxification services including ambulance patrol.
    - Funds from the Arizona Department of Corrections to provide expedited access to substance abuse treatment for offenders leaving prison and re-entering the community through the Correctional Officer/Offender Liaison (COOL) program. In Maricopa County, the COOL program included temporary housing through FY 2006.

Title XIX/XXI members are entitled to all medically necessary substance abuse and behavioral health services. Non- Title XIX/XXI members, funded through the SAPT block grant, state appropriations and local resources, receive all medically necessary covered services based on available funding and priority population status (e.g. pregnant women).

Services

ADHS/DBHS administers a comprehensive array of covered services for treatment, support/preventive care and emergency and crisis response. All covered services are available to individuals and families with substance abuse conditions, based on Title XIX/XXI eligibility and available funding for Non-Title XIX members.

Covered Service Category	Covered Procedures/Services
Treatment Services	Individual, Family, Group Counseling
	Consultation, Assessment, Special Testing
	Other (auricular acupuncture, traditional healers)
Rehabilitative Services	Living Skills Training, Cognitive Rehab,
	Health Promotion, Supported Employment
Medical Services	Medication, Methadone,
	Lab, Radiology, Medical Imaging
	Medical Management (Nursing Services)
	ECT
Support Services	Case Management, Personal Assistance
	Family Support, Peer Support
	Therapeutic Foster Care, Respite Care
	Housing Support, Transportation
	Interpreter Services, Flex Fund Services
Crisis Intervention	Mobil Crisis Teams
	Telephone Crisis
	Crisis Services (professional)
Inpatient Services	Hospital
	Level 1 Subacute (psychiatric, detoxification)

	Level 1 Residential Treatment Center
Residential Services	Level II, III Behavioral Health Residential Room and Board
Behavioral Health Day Programs	Supervised, Therapeutic, Medical Day
Prevention	Services for persons, who do not need treatment, designed to affect knowledge, attitude or behavior HIV Early Intervention Services

Providers
ADHS/DBHS requires that behavioral health provider agencies be appropriately licensed for behavioral health service delivery and registered with AHCCCS to deliver services for the TXIX/XXI member population. Provider types include Level 1 inpatient, residential facilities and outpatient clinics. A special provider type, Rural Substance Abuse Transitional Center, provides social model crisis support with referrals to local acute care hospitals for intoxicated persons in areas defined as "rural" according to the U.S. Census. The TXIX/XXI program covers this service. A second special provider type, a Community Service Agency (CSA), is an organization certified by ADHS/DBHS and registered directly with AHCCCS in lieu of a behavioral health license. CSAs deliver family/peer supports, respite and other support services based upon referrals from a member's treatment team. Prevention programs are delivered both through licensed behavioral health agencies, CSAs and other community organizations.

STATE PLANNING

State Structure
DBHS is mandated to plan, administer and monitor a comprehensive, regionalized system of prevention, intervention and treatment services for individuals and families. ADHS and DBHS interact with other state agencies through strategic partnerships to improve service delivery for shared clients, including children and adults in the correctional, criminal justice, primary and public health care, education, child welfare and developmental disability systems. ADHS also serves as the behavioral health carve-out for Medicaid funded behavioral health services through a contract with the Arizona Health Care Cost Containment System (AHCCCS). For the purpose of coordination of the SAPT Block Grant, ADHS serves on a cabinet-level planning body chaired by the Governor (see Planning Councils).

Sub-State Areas.
As noted above, ADHS contracts for regionalized systems of behavioral health services through four Regional Behavioral Health Authorities (RBHAs) and four tribes (Pascua Yaqui, Gila River, Navajo Nation and Colorado River Indian Tribe), two of which operate as a TRBHA and receive funding from the SAPT Block Grant (Pascua Yaqui and Gila River). The remaining tribal communities are served through the RBHA system.

T/RBHAs are responsible for planning, contracting, monitoring and delivery of behavioral health services within their region. For the purposes of conducting treatment and prevention needs assessment studies, the sub-state RBHA structure was followed as

closely as possible to ensure development of data with relevance to local planning regions.

Data Collection

DBHS collects a variety of fiscal, clinical and qualitative data to drive planning and monitor RBHA performance. Routine data collected from the RBHAs include the following: 1) monthly financial reports; 2) admissions, assessments and disenrollment (Client Information System); and 3) claims and encounters (Client Information System). Fund types for behavioral health populations are included in these data streams.

Since SFY 2003, the DBHS has conducted ongoing refinements of its data system to consolidate clinical, claims and administrative data and develop the capacity to report performance and outcome measures required by the SAPT Block Grant and the MHSIP project. ADHS/DBHS was in the first wave of states awarded a SOMMs contract to enhance and support its data infrastructure for reporting of National Outcome Measures and continues to operate a Mental Health DIG contract.

In addition to routine data streams, the DBHS collects a variety of deliverables on a quarterly and annual basis. These include: 1) the Quality Management Report, assessing RBHA performance in the areas of timeliness of service and quarterly changes in the provider network; 2) the Provider Network Sufficiency Analysis and Development Plan, an annual deliverable focusing on the sufficiency of RBHA contracted networks to provide all necessary behavioral health services using a logic model based on analysis of multiple data sources. The Plan also includes intended use and network development priorities for the upcoming year; 3) the Annual Prevention Evaluation, which describes current prevention services using research-based strategies and a risk/resiliency factor framework; 4) the Independent Case Review (peer review), a medical record evaluation conducted by an independent contractor using a standardized protocol to assess quality of care; 5) the Consumer Satisfaction Survey. In addition, DBHS collects certain reports for specific management of SAPT grant requirements, including the HIV Early Intervention Activity Report and a Quarterly Women's/IDU wait list report.

RBHAs are also required to collect, analyze and monitor planning data, through trending of complaints, grievance/appeals data and provider profiling.

Use of Data in Planning and Resource Allocation

Data collected by DBHS is used to inform decision-making and monitor the regional systems of care in the following areas: 1) contract compliance; 2) financial audits; 3) profile clients and analyze service delivery costs and trends; 4) analyze the quality of care; 5) assess the sufficiency of RBHA-contracted networks to deliver comprehensive treatment services for TXIX/XXI members and SAPT priority populations.

DBHS uses a comprehensive network sufficiency analysis process, known as the Logic Model, which uses data from multiple sources to determine the sufficiency of provider networks. The Logic Model process combines information from the following sources in a process that tests the ability of networks to meet the needs of entitled

individuals: problem resolutions/complaints, grievance/appeals, consumer satisfaction surveys, service utilization by covered service category, appointment standards, and provider network inventory.

Although now more than 10 years old, Arizona Substance Abuse Needs Assessment data, including the Household Survey, the Tribal Nation Household Survey, the Jail Studies and gaps analysis modeling has been used in conjunction with other special reports to assist in understanding the statewide distribution of need, demand and capacity for substance abuse treatment. These studies generally support the resource allocation formulas used by the DBHS for non-TXIX populations: 1) there is little geographic variation in the prevalence of need for substance abuse treatment (Household Survey); 2) demand for treatment varies most by population size, with denser areas of the state experiencing the highest demand for treatment (Household Survey, Jail Studies); 3) certain high-risk groups do exist, including young adults, women in the NARBHA region (Household Survey) and Tribal Nations (Tribal Study); 4) statewide, treatment capacity is insufficient to meet need identified in the general population. The service needs for special populations targeted in the SAPT Block Grant are addressed through monitoring of RBHA wait lists and targeting new funds, as these are available. Concurrent with expansion of Medicaid eligibility begun in SFY 2001, assessment of provider capacity and network sufficiency to serve entitled individuals became useful planning tools for understanding resource distribution needs.

Data from the Prevention Needs Assessment includes county and RBHA-specific social indicators of risk and resiliency and the Arizona Student Youth Survey. The social indicator for prevention mirror data from the treatment needs assessment and point to high incidence of precursors for behavioral health problems throughout the state. The Student Survey, conducted in collaboration with other state agency partners including the Department of Education, the Arizona Criminal Justice Commission and the Governor's Office, provided detailed county level information on the prevalence of substance use and risk/protective factors in Arizona's public schools.

State and Regional Planning Councils

- **State Level Planning**. The Behavioral Health Planning Council is a 30-member community body charged with assisting the DBHS in planning and administering the public treatment system. The Council's membership includes representatives of mental health services, substance abuse services, consumers, parents and family members, Native Americans and other minority populations, as well as delegates from the RBHAs and several state agencies. The Council is charged with an advocacy and planning role for the behavioral health system and uses five standing committees to carry out the Council's responsibilities.

- **Executive Level Planning.** The State Practice Subcommittee of the Governor's Resource Management System is an 18-member body composed of representatives from State government, State Universities, and one treatment/prevention provider. The Subcommittee was created to review the

effectiveness of programs and practices currently used to prevent or treat substance abuse. In addition, the Arizona Office of the Governor manages the CSAP Strategic Prevention Framework grant and its associated epidemiology work group.

- **Regional Planning.** As a requirement of their contracts, RBHAs maintained a Community Advisory Board of at least 15 members of which at least three must be family members and two consumers. The Community Boards are required to be reflective of the geographic and ethnic diversity of the region. Boards provide input on allocation and expenditure of behavioral health service funds.

Other Special Initiatives

DBHS currently manages two specialty grants for children and young adults: the Child/Adolescent Infrastructure Grant (Center for Mental Health Services) and the Adolescent/Young Adult Substance Abuse Coordination Grant (Center for Substance Abuse Treatment Services). These grants allow for expanded services and focused network development for young populations in the areas of best practice, network services and improved identification and assessment of substance use disorders.

Monitoring to Ensure Link to Need

As detailed throughout the Planning section, DBHS utilizes a variety of routine and special data to establish contract standards for RBHA performance. These standards are subject to sanction and encompass such areas as network sufficiency, submission of assessment data, financial ratios, and timeliness standards among others. DBHS maintains a comprehensive yearlong monitoring process including annual site visits (Administrative Reviews), reports and deliverables and special Network Analysis and Development Teams to ensure that funded programs serve communities and populations with the highest prevalence and need. During 2006, the Arizona Division of Behavioral Health Services Best Practice Advisory Committee was established to develop a State-level strategy on implementing best practices that align with goals of recovery, family involvement, and improving outcomes. This Committee is currently spearheading major initiatives, including revising the core assessment, increasing peer support services and rolling out the “Meet Me Where I Am” campaign aimed at: providing case management for children with complex behavioral health needs, serving all children through a Child and Family Team process and expanding access to Support and Rehabilitative Services.

FY 2008 GOAL 1 INTENDED USE

STATE GOALS

- Continue activities to promote Consumer and Family Involvement in behavioral health, including launch of the Stigma Reduction Committee.
- Maintain goal of expanding Peer Support/Recovery Support workforce with substance abuse specialization through the META training contract.
- Continue to expand availability of supported housing with wrap-around treatment supports statewide.
- Continue to support and oversee the three existing Methamphetamine Centers for Excellence and establish new statewide methamphetamine treatment services for adults with SMI.
- Continue support of tribal nations addressing methamphetamine through training, assistance and direct funding.
- Continue to support and oversee the Latino Family Involvement Center, with a goal of establishing a new provider focused on community mobilization and direct support service delivery for Hispanic and minority families impacted by substance abuse.
- Continue to support and oversee the five infrastructure projects for rural/tribal detoxification services through HB 2554, passed in the spring 2006 General Session, appropriated $3M to the ADHS for developing infrastructure to address methamphetamine and other drug abuse across Arizona. ADHS/DBHS awarded $500,000 in primary prevention funding to Boys and Girls Clubs of Arizona and implemented a competitive proposal process to award detoxification infrastructure funding in Arizona's rural communities.
- Implement best practices in adolescent substance abuse services, with a goal of maximizing the CSAT Adolescent Treatment Coordination and Child/Adolescent SIG grants to expand availability of substance abuse education, early intervention and treatment services within the context of family and culture.

RBHA GOALS

<u>Cenpatico Behavioral Health of Arizona</u>

- Continue to contract and monitor the seven treatment providers which are strategically located in our Pinal, Gila, La Paz and Yuma counties.
- Continue to provide technical assistance to providers to achieve particular outcomes and expectations. Contracted providers will develop and maintain appropriate treatment services that include, but are not limited to, outpatient services, intensive outpatient, gender specific groups, parenting classes, methadone treatment, detoxification treatment, pre-natal education, HIV intervention, Abused Women's group, referrals to 12 step and faith-based programs and implementing Meth Centers of Excellence programs.
- Continue monthly provider SAPT meetings to discuss priority access for specified SAPT populations, required timelines for treatment, funding limitations and service gaps/barriers.

- Require providers to submit monthly SAPT wait list reports to be analyzed by Cenpatico. These reports illustrate potential wait lists concerns, timeliness of service and determine if services are available within the network.
- Conduct provider onsite visits to determine if a wait list exists and provide technical assistance to remedy deficiencies in either interim services or service gaps.
- Conduct monthly meetings to remind the treatment providers about the time lines that need to be followed regarding the priority access of services for SAPT behavioral health recipients

Northern Arizona Regional Behavioral Health Authority (NARBHA)

- Provide monthly monitoring to ensure that SAPT priority populations have priority access to services. At the time of referral for services to the SAA/TAA, all persons who are requesting substance abuse services and who are not Title XIX are screened for services under the SAPT Grant requirements
- Monitor the SAPT Grant populations on a monthly basis. Monitoring of referral for chemical dependency (CD) Residential Treatment includes length of time from referral to admission and interim services provided while referrals are awaiting admission to the CD Residential Treatment Facility.
- Provide technical assistance to the SAA/TAAs, and training to ensure the behavioral health providers are current with the SAPT Block Grant requirements.
- Continue to enhance HIV outreach, screening, and early intervention services throughout the northern region.
- Continue to contract directly with Northland Cares to deliver outreach, screening, and early intervention services throughout GSA 1.
- Continue to provide or refer to therapeutic interventions for children in custody of women receiving treatment to address developmental needs, issues of sexual and physical abuse and neglect.
- Continue to enhance sufficient case management capacity.

ValueOptions (VO)

- Ensure that all SAPT funded providers offer a comprehensive case management program that serves the priority population. ValueOptions will develop an expanded data collection database that includes outpatient services delivered by providers who receive SAPT Block Grant funds.
- Enhance capacity with SAPT providers in FY 2008 to increase peer and family support services.
- Increase number of peer FTE's in co-located substance abuse providers for serious mentally ill adults.
- Monitor provider SAPT Block Grant funds monthly waitlist reports. Data will be analyzed on a monthly basis in order to identify opportunities for improvement

Community Partnership of Southern Arizona (CPSA)

- Continue to contract and monitor capacity with qualified service providers to ensure access to treatment and long-term recovery support services for pregnant

women/teenagers who use substances, persons who use drugs by injection and women/teenagers with dependent children.

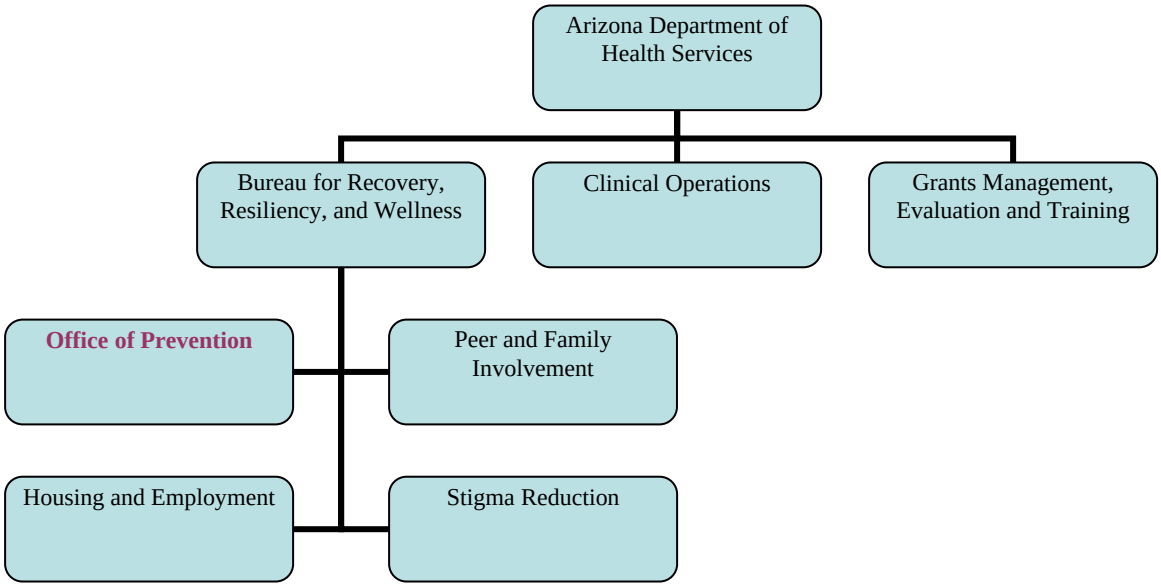
- Continue SAPT priority access monitoring on a monthly basis and by individual referrals through a SAPT capacity and utilization reporting system that documents the time from referral to first service, the time from wait list placement to interim service provision, and other related information.
- Continue to provide technical assistance to all providers if reporting issues continue to arise.
- Ensure contract compliance and adherence to SAPT and ADHS/DBHS guidelines, through monthly meetings with the HIV/Early Intervention Services providers to observe tracking of priority populations, referrals to support and behavioral health services and ongoing outreach activities.

<u>Gila River Indian Community</u>

- Continue to works and provide technical assistance with the Hu Hu Kam hospital to identify specific SAPT needs of the community members.
- Implement a MATRIX Model Methamphetamine substance abuse program specifically for women with children
- Continue to expand contracts with providers, in general, and specifically in the treatment of substance abuse as related to the uniqueness of this community and its culture
- Continue to contract with Amity Foundation/Circle Tree Ranch in Tucson, Arizona for residential substance abuse/addition treatment specializing in the cultural needs of Native Americans.

GOAL 2 GENERAL NARRATIVE 2007

The Office of Prevention is located within the Bureau for Recovery, Resiliency, and Wellness in the Division of Behavioral Health. The diagram below shows the location of the Office of Prevention within the Division of Behavioral Health Services



The Office of Prevention is composed of two full time staff persons, Lisa Shumaker who is the Manager for the Office of Prevention and Sawsan Madanat, who is the Prevention Services Coordinator. ADHS/DBHS works in partnership with Tribal and Regional Behavioral Health Authority (T/RBHA) Prevention Coordinators and Tribal Contractors to administer prevention services and set statewide direction for the application and advancement of primary prevention programs and practices through consultation, technical assistance, and training. Regional Behavioral Health Authorities (RBHAs) provide prevention services including all Centers for Substance Abuse Prevention (CSAP) strategies through a network of specialized, community based subcontracted agencies.

Services are provided for people in their geographic service area of residence. Arizona is divided into six Geographic Service Areas (GSAs). GSA 1 (Northern Arizona Regional Behavioral Health Authority (NARBHA)) consists of Coconino, Navajo, Apache, Yavapai, and Mohave Counties. GSA 2 (Cenpatico Behavioral Health of Arizona (Cenpatico)) includes La Paz and Yuma Counties. GSA 3 (Community Partnership of Southern Arizona (CPSA)) is composed of Graham, Greenlee, Cochise, and Santa Cruz Counties. GSA 4 (Cenpatico) is comprised of Pinal and Gila Counties. GSA 5 (CPSA) is Pima County and GSA 6 is Maricopa County. T/RBHAs are responsible for the operation and coordination of the prevention service delivery network, including contracting and payment for prevention services, monitoring, and improving the effectiveness of services.

ADHS/DBHS has Intergovernmental Agreements (IGAs) with four Arizona Tribes to provide prevention services for Native Americans: the Navajo Nation; Colorado River Indian Tribes (CRIT); Gila River Indian Community (GRIC); and Pascua Yaqui Tribe. Other tribes receive prevention services from the local RBHA. Native Americans who live in non-reservation communities access prevention services through the RBHA system in the same manner as other

Arizona residents. Prevention programs funded through ADHS/DBHS decrease the prevalence and severity of behavioral health problems among populations that do not have a diagnosable behavioral health disorder. Prevention is accomplished by developing the strengths of individuals, families, and communities. Prevention in the ADHS/DBHS system uses evidence based strategies and research on protective and risk factors as a basis for prevention efforts.

FY 2008 Goal 2 Intended Use

OBJECTIVE: Maintain Block Grant budget and allocation controls to conform to the "20% prevention rule."

ACTIVITIES:
(1) Monitor performance related to Block Grant requirements using existing reports and controls.
(2) Conform to requirements in preparing contract allocation logs.
(3) Oversee distribution of funds in contract.

OBJECTIVE: Enhance network capacity to implement evidence based prevention programs.

ACTIVITIES:
(1) Implement a conference on cultural competency.
(2) Implement a conference on substance abuse prevention.
(3) Provide training to providers serving older adults on the evidence based practices with this population.
(4) Implement a conference on suicide prevention which addresses substance abuse as a risk factor for suicide prevention.
(5) Revise and update the Skills for Effective Prevention Curriculum
(6) Offer a Training for Trainers in Skills for Effective Prevention
(7) Offer a Training for Trainers in Cultural Competency
(8) Track professional competence via the annual evaluation report.
(9) Monitor competency, supervision, and training of prevention providers via Regional Behavioral Health Authorities and the annual evaluation report.

OBJECTIVE: Increase the percentage of prevention programs that report outcomes.

ACTIVITIES:
(1) Track reporting of outcomes via the annual evaluation report.
(2) Identify providers that need technical assistance around evaluation and provide training to them on collection of and communication about outcome data.
(3) Produce and distribute an annual DBHS prevention system evaluation report.
(4) Develop a statewide database for reporting of evaluation data and outcomes.

OBJECTIVE:
Improve the quality of prevention program implementation.

ACTIVITIES:
(1) Require and monitor provider compliance with CLAS standards 4-7.
(2) Conduct annual mid year monitoring visits to each RBHA to review programmatic progress
(3) Monitor provider and RBHA involvement in coordination of local prevention services, using data from annual evaluation reports.

OBJECTIVE:
Increase the perception that substance use is harmful and decrease positive attitudes toward substance use.

ACTIVITIES:
Services are being provided by behavioral health agencies contracted with RBHAs. Programs in the table below will operate between October 2007 and June 30, 2008. Programmatic changes may be made for the period of July 1 to September 30, 2006.

Target population	Estimated number of people to be served	Activities and services to be provided	Location of Services
Youths	8,000	Peer leadership, curriculum and culturally based life skills education, personal and cultural development,	Maricopa, Pinal, Yuma, La Paz, Yavapai, Pima, Santa Cruz, Graham, Greenlee, Cochise, Coconino, and Mohave Counties, Gila River

			Indian Community, Pascua Yaqui Tribe, San Carlos Apache Tribe, and the Tohono O'Odham Nation.
School staff	20	Education	Maricopa County
Child care providers	20	Education	Maricopa County
Community members	5,000	Education, Public information and social marketing, community based process, environmental strategies	Yuma, Yavapai, La Paz, Greenlee, Graham, Cochise, Coconino, Mohave, Apache, Maricopa, Pima, and Navajo Counties

OBJECTIVE:
Increase bonding between parents and youth

Target population	Estimated number of people to be served	Activities and services to be provided	Location of Services
Parents	28,000	Curriculum and culturally based parent support and education, warm line, information dissemination, social marketing and public information	Tucson; Pima, Maricopa, Santa Cruz, Cochise, Graham, Greenlee, Mohave, Navajo, Apache, Yavapai, and Coconino Counties

OBJECTIVE
Increase quality of life.

Target population	Estimated number of people to be served	Activities and services to be provided	Location of Services
Older adults	200	Peer leadership and education, curriculum and culturally based life skills education, personal and cultural development	Pinal, Gila, Yavapai, Pima, Yuma, La Paz, and Maricopa Counties
Health care providers	20	`Education	Pinal, Gila, and Maricopa Counties